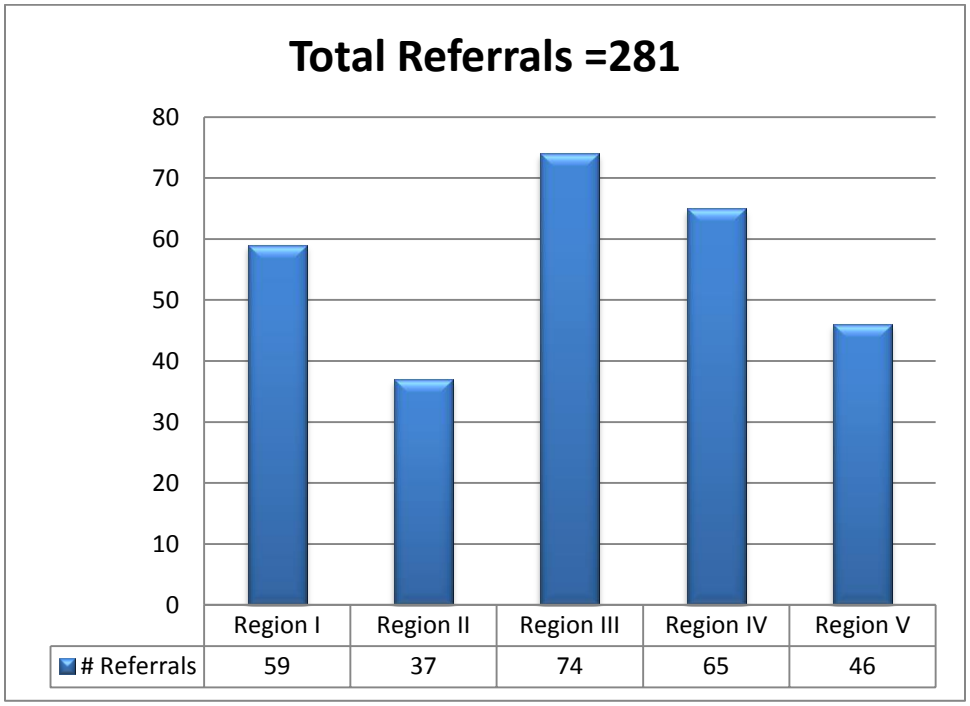
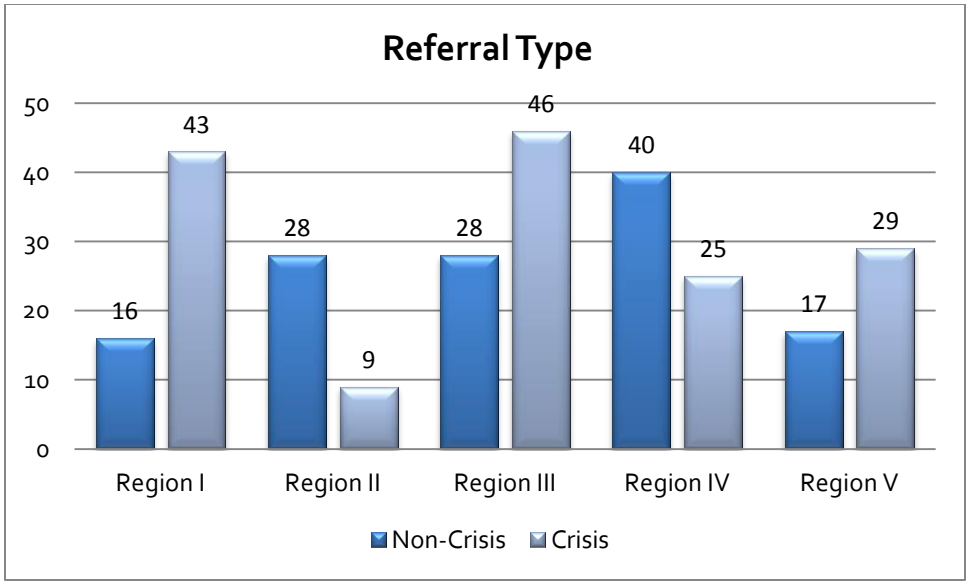
REACH Data Summary Report-Adult: Quarter I/FY17

This report provides data summarizing the referral activity, service provision, and residential outcomes for adult individuals served by the REACH programs during the first quarter of fiscal year 2017.

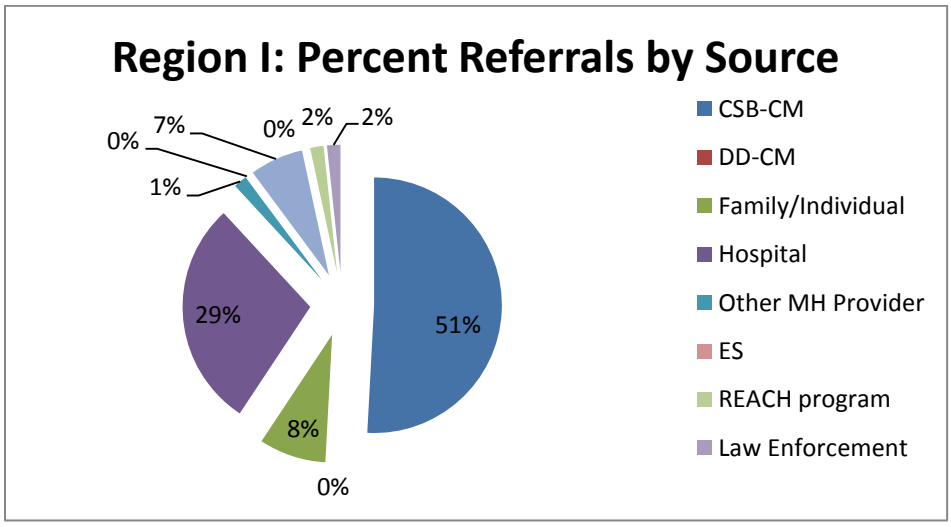
REACH Referral Activity

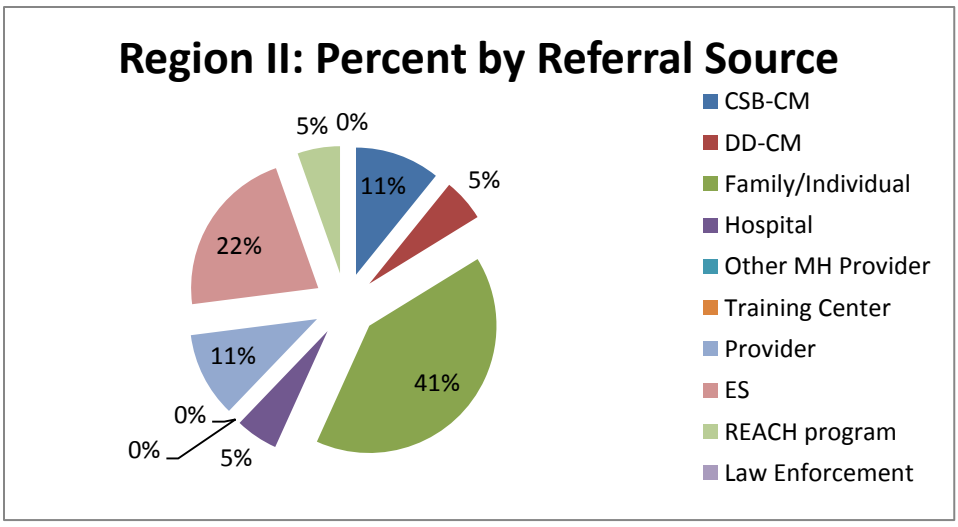


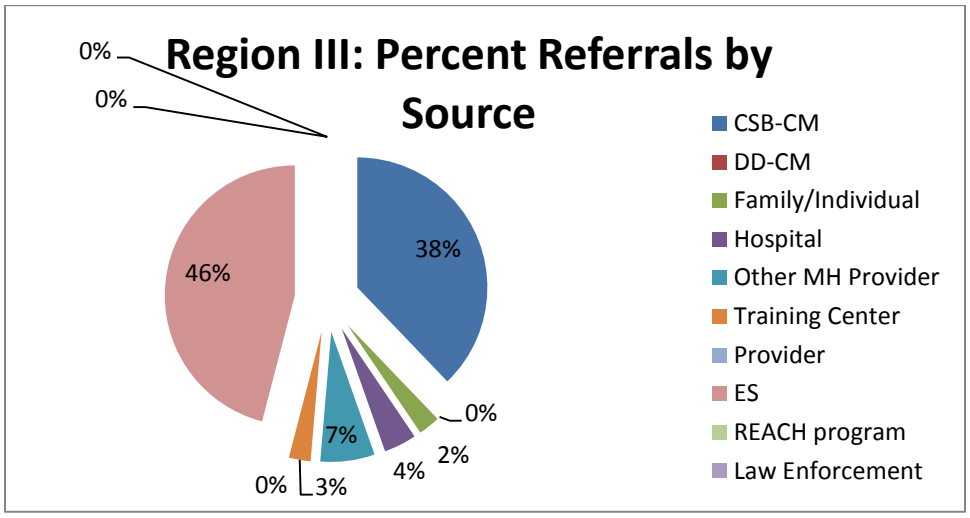


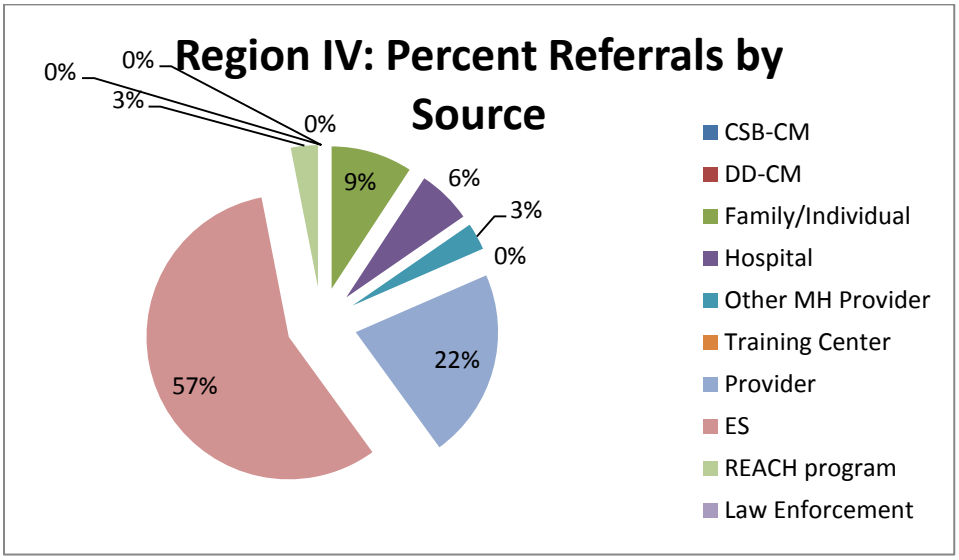
Referral activity for the first quarter of fiscal year 2017 is presented in the graph on the preceding page. Referral numbers for Quarter I have remained stable from the previous quarter (FY 16 QIV: 289; FY17 Q1: 281). Region III received the largest number of referrals and Region II the fewest.

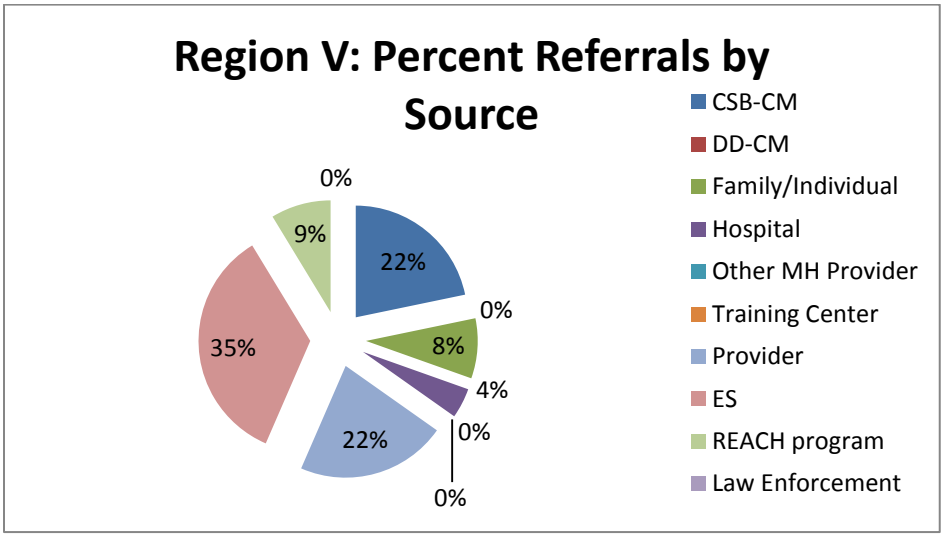
Referral activity is also considered by differentiating the source of the request for service. The following five charts show a breakdown by region of referral source data. The subsequent table offers information about the day of the week and time of day that referrals are received by the programs.






Region III: Percent Referrals by Source
0%
0%
38%
46%
0%
7%
2%
4%
0%
3%
CSB-CM
DD-CM
Family/Individual
Hospital
Other MH Provider
Training Center
Provider
ES
REACH program
Law Enforcement


Region IV: Percent Referrals by Source
0%
0%
3%
0%
9%
6%
3%
0%
22%
57%
CSB-CM
DD-CM
Family/Individual
Hospital
Other MH Provider
Training Center
Provider
ES
REACH program
Law Enforcement


Region V: Percent Referrals by Source
0%
9%
22%
0%
8%
4%
35%
22%
0%
0%
CSB-CM
DD-CM
Family/Individual
Hospital
Other MH Provider
Training Center
Provider
ES
REACH program
Law Enforcement

Referral sources cover a broad range of stakeholders when the state is considered as a whole. Typically, the programs receive referrals Monday through Friday during normal business hours (8-5). This quarter, Region I saw a similar pattern in after hour referrals, with about 15 percent of their referrals being initiated between the hours of 9:00 in the evening and 7:00 in the morning. Regions III and IV also had 12% and 11% respectively in afterhours calls as well.

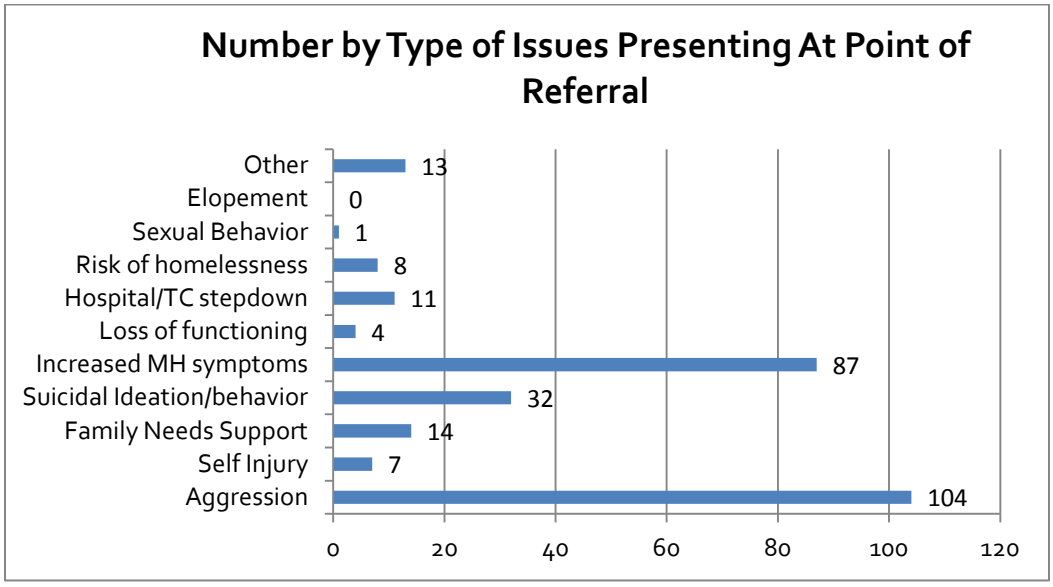
Referral Time	**Region I**	**Region II**	**Region III**	**Region IV**	**Region V**
Monday-Friday	48	37	61	58	36
Weekends/Holidays	11	0	13	7	10
Mon- Fri. after 5:00	10	5	9	18	9
8:00 am to 2:00 pm	28	21	39	35	24
3:00 pm to 8:00 pm	22	15	26	23	17
9:00 pm to 2:00 am	7	1	5	7	4
3:00 am to 7:00 am	2	0	4	0	1

Also of interest to the Commonwealth is ensuring that the REACH programs serve the DD community in its entirety and effectively. This means ensuring that services tailored to the needs of those with autism, an intellectual disability, or a dual diagnosis receive services that will enhance their functional capacities and the quality of their daily lives. The table below summarizes the breakdown of individuals referred to REACH with an intellectual disability only, an intellectual and developmental disability, developmental disability only, and Unknown/None. Unknown/None is a new category added this quarter. "Unknown" refers to individuals who are still in the referral process at the end of the quarter and documentation of disability is being verified, and "None" references individuals for whom a referral was taken but diagnostic criteria was not substantiated.

Diagnosis	Region I	Region II	Region III	Region IV	Region V
ID Only	32	8	55	48	28
ID/DD	13	18	3	4	7
DD only	9	10	12	6	9
Unknown/None	5	1	4	7	2

In terms of what type of clinical issues bring individuals to the REACH programs for support, aggressive behavior continues to be the most common reason cited. Aggressive behavior includes physical aggression, verbal threats, and property destruction. Increased mental health symptoms continue to be the second most frequent reason that services are initiated on statewide basis. Following the summary table below, a graph presents the same information aggregated across all five regions.

Presenting Problems	Region I	Region II	Region III	Region IV	Region V
Aggression	21	14	17	29	23
Self-Injury	2	0	2	2	1
Family Needs Support	4	1	2	6	1
Suicidal Ideation/behavior	5	3	15	3	6
Increased MH symptoms	22	15	23	21	6
Loss of functioning	0	0	2	1	1
Hospital/TC stepdown	0	0	7	2	2
Risk of homelessness	4	2	1	1	0
Elopement	0	0	0	0	0
Other	1	1	5	0	6
Sexual Behavior	0	1	0	0	0



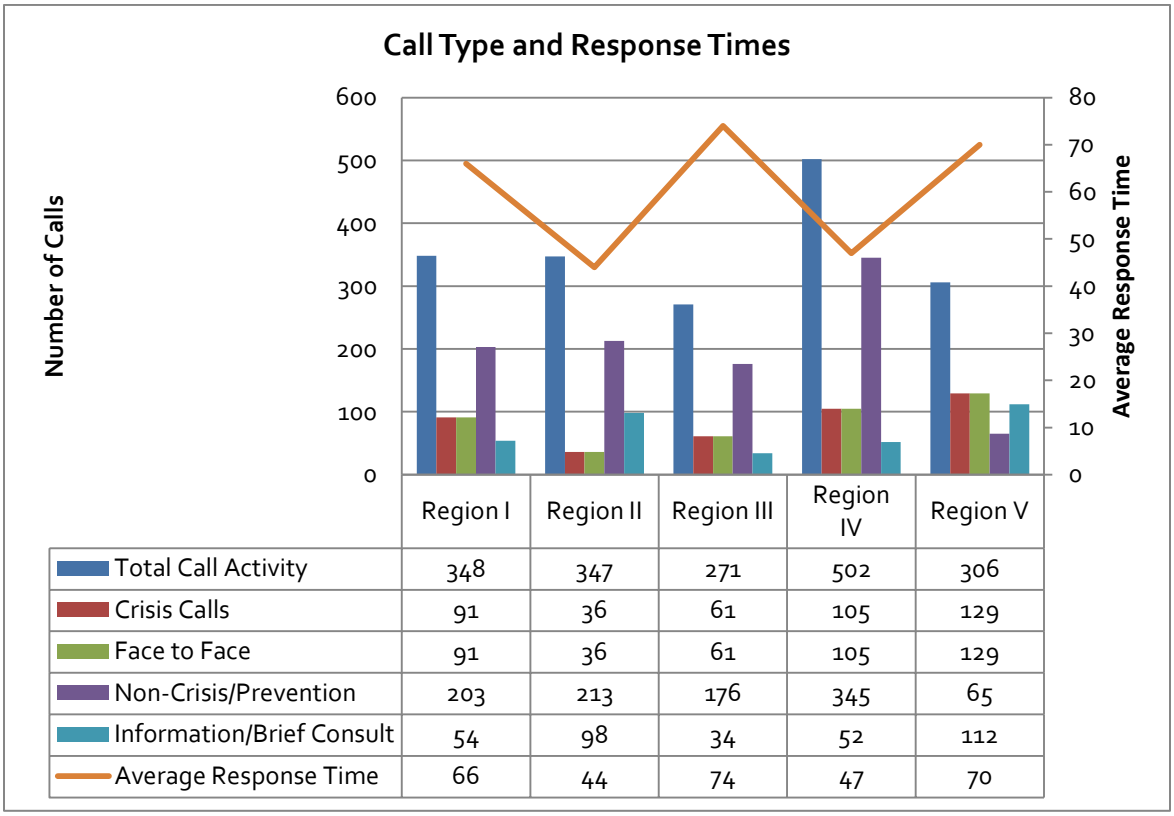
REACH Crisis Response

Each of the five regional REACH programs operates a crisis line 24-hours per day, seven days per week. Arriving calls may be from existing REACH clients or from systems in the midst of an escalating situation. Calls are responded to in one of two ways: either by telephone consultation or through an on-site, face-to-face assessment and intervention. Because the crisis line allows an individual to access a trained clinician 24/7, it is being used more and more frequently by REACH clients and their circles of support to maintain stability or to assist the individual in problem solving through a stressful situation. The "crisis" line is becoming a

primary tool of prevention for some of the programs. REACH clinicians are expected to respond in person to situations that meet the acuity level of a crisis, and this includes partnering with emergency services prescreening staff when a Temporary Detention Order is being considered. Non-crisis calls that are received by the programs are understood to serve a preventive role and may be a prescribed element within a written Crisis Education and Prevention Plan (CEPP). Domains of interest related to crisis line activity include the following:

- Crisis calls
- Non-crisis/Prevention
- Information/brief consult
- In person assessment/intervention
- Total crisis line activity
- Average response time

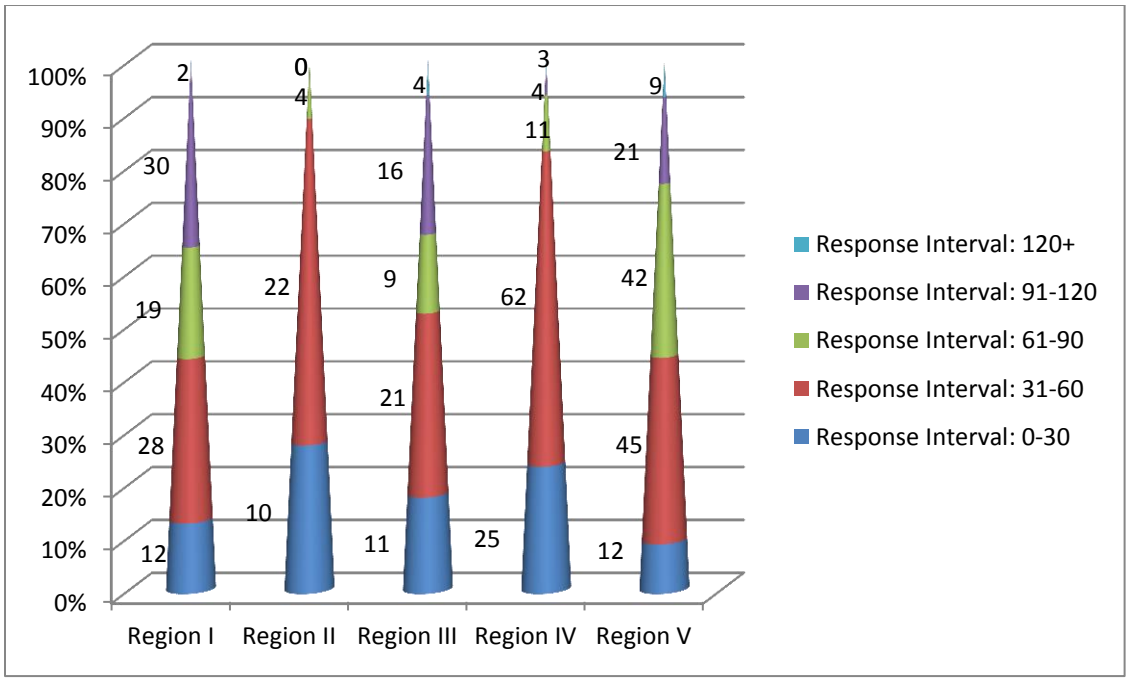
A summary of information related to these elements is depicted in the graph below. Please note that this graph encompasses all calls received on the crisis line during the review cycle. It includes on-site responses to existing REACH clients, repeat calls from individuals, as well as new referrals who may be contacting REACH for the first time. Therefore, call totals, when combined across categories will exceed the total number of referrals for the quarter. As has been noted before, crisis line activity and referral activity are best understood as separate elements.



	Region I	Region II	Region III	Region IV	Region V
Total Call Activity	348	347	271	502	306
Crisis Calls	91	36	61	105	129
Face to Face	91	36	61	105	129
Non-Crisis/Prevention	203	213	176	345	65
Information/Brief Consult	54	98	34	52	112
Average Response Time	66	44	74	47	70

Average response time is graphed on a secondary axis, represented by the orange line. This emphasizes that the data element represents a different unit of measurement and allows variability to be clearly seen. All regions are meeting expectations regarding average time to respond to the scene of the crisis event. Regions II and IV must have an average annual response time of within one hour, and their average response times are below the standard for these urban regions. Regions I, III, and V have an average annual response time of two hours. They also respond well below their allotted time, with average response times very close to the benchmark applied to urban regions. The table on the following page breaks out response times by 30 minute intervals, offering a finer discrimination of response time data. The graph just below that table shows this same data visually, showing response time intervals as percentage of total responses.

Region	Total Mobile Responses	0-30 Minutes	31-60 Minutes	61-90 Minutes	91-120 Minutes	121+ Minutes
Combined						
I-rural	91	12	28	19	30	2
II-urban	36	10	22	4	0	0
III-rural	61	11	21	9	16	4
IV-urban	105	25	62	11	4	3
V-rural	129	12	45	42	21	9



Location of Mobile Assessments

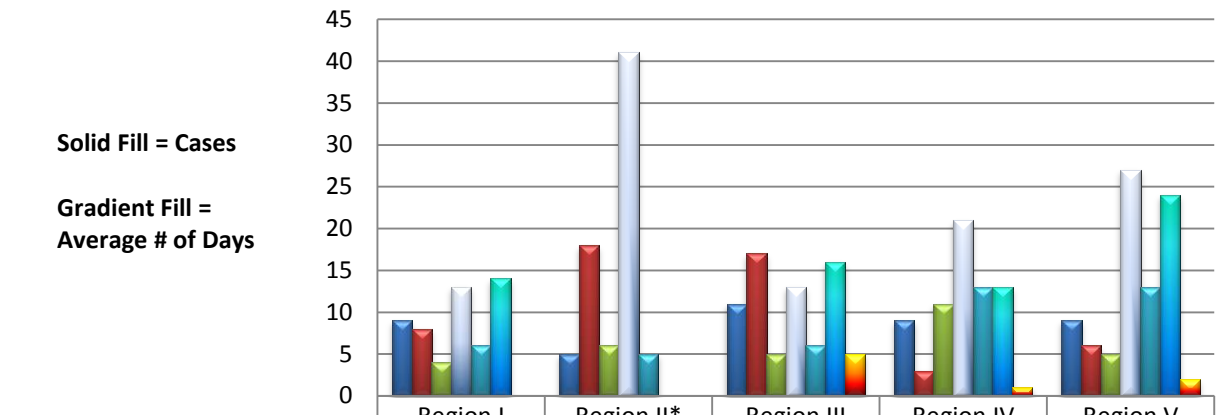
Assessment Location	Region I	Region II	Region III	Region IV	Region V
Family Home	7	9	4	7	16
Individual's Home	0	0	0	0	0
Hospital/Emergency Room	67	4	47	50	63
Residential Provider	12	9	4	34	30
Day Program	4	0	0	3	3
Emergency Services/CSB	0	12	2	7	3
Police Station	0	0	2	0	0
CTH	0	1	0	0	7
Other Community Setting*	1	1	2	4	7

*Other settings include: ALF, Jail, Psychiatric Hospital (admitted), Community CSU, Magistrate's Office

When indicated, the REACH programs are expected to arrive at the physical site of the crisis event, regardless of the nature of the setting. The table above provides a summary of the various locations where mobile crisis assessments took place over the course of the first quarter of FY17.

Crisis Therapeutic House

Each of the five REACH programs operates a Crisis Therapeutic Home (CTH) that accepts both crisis stabilization admissions, step downs from hospitals and jails, and planned, preventive stays. Region specific information related to type of stay, length of stay, readmissions, waitlists etc. is presented in the graph below.



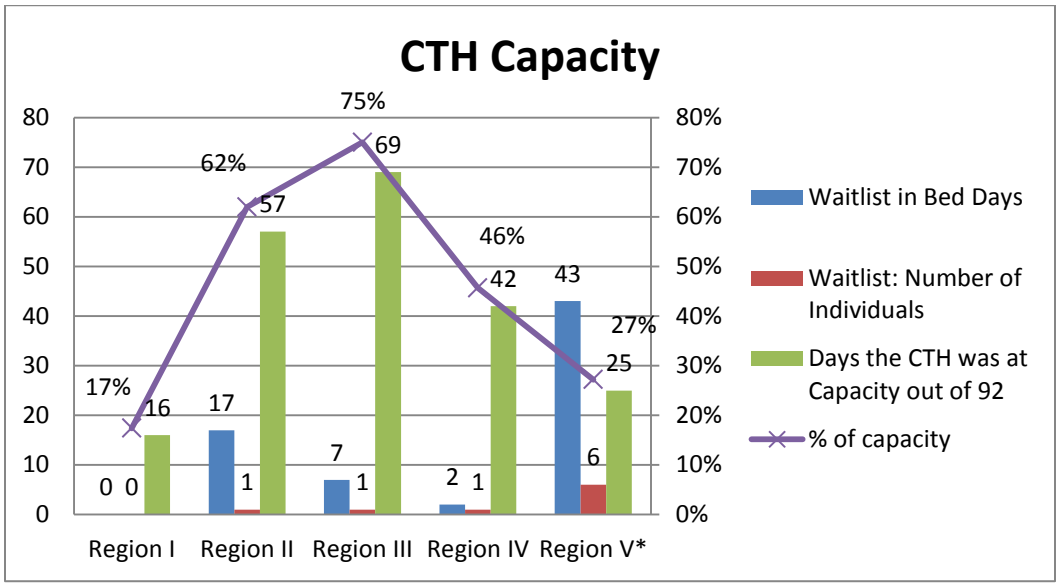
	Region I	Region II*	Region III	Region IV	Region V
Admits/stab	9	5	11	9	9
Admits/prevention	8	18	17	3	6
Admits/stepdown	4	6	5	11	5
Avg. Length of Stay/Stab	13	41	13	21	27
Avg. Length of Stay/Prevention	6	5	6	13	13
Avg. Length of Stay/Stepdown	14	0	16	13	24
Total Readmits	0	0	5	1	2

*Region II- average stepdown stay is included in the Stabilization length of stay for this quarter.

The Commonwealth has been closely monitoring capacity of REACH programs across the Commonwealth. Region II is the only program that had an average stay that exceeded the 30 day timeframe. Region II had two emergency admissions without disposition (without a home to discharge to) that carried over from the previous quarter and skewed their length of stay data. When the length of stay is recalculated with the removal of these exceptions, the average length of stay drops dramatically to 9 days.

Please note that waitlist days are ***not*** consecutive. This number reflects the cumulative number of days across the quarter when a bed was not available when requested for an *appropriate* admission to the CTH.

This quarter DBHDS is adding a graph that looks at CTH capacity and waitlist data.



A review of the capacity data for the first quarter indicates that there were 9 individuals who waited for admission into the CTH, with six of those individuals waiting in Region V. There is some concern with the data from Region V as their program was only at capacity for 25 days during the entire quarter. An additional review will be conducted regarding these six individuals.

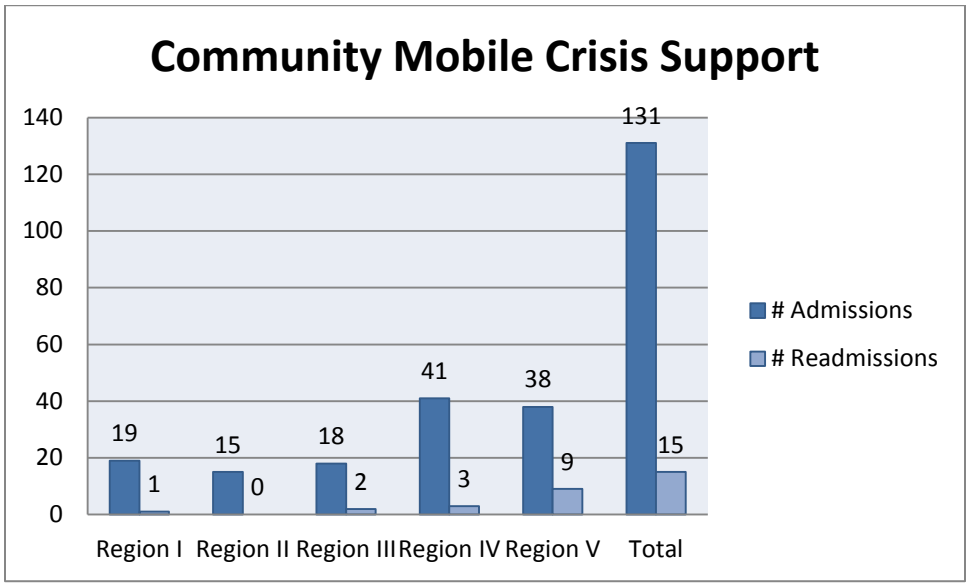
Of the 9 individuals who were waiting to access a bed at the CTHs, one person accessed supports through a Mental Health Crisis Stabilization Unit (Region II), seven received mobile supports (Region IV and V), and one's discharge was delayed from the mental health hospital (Region III).

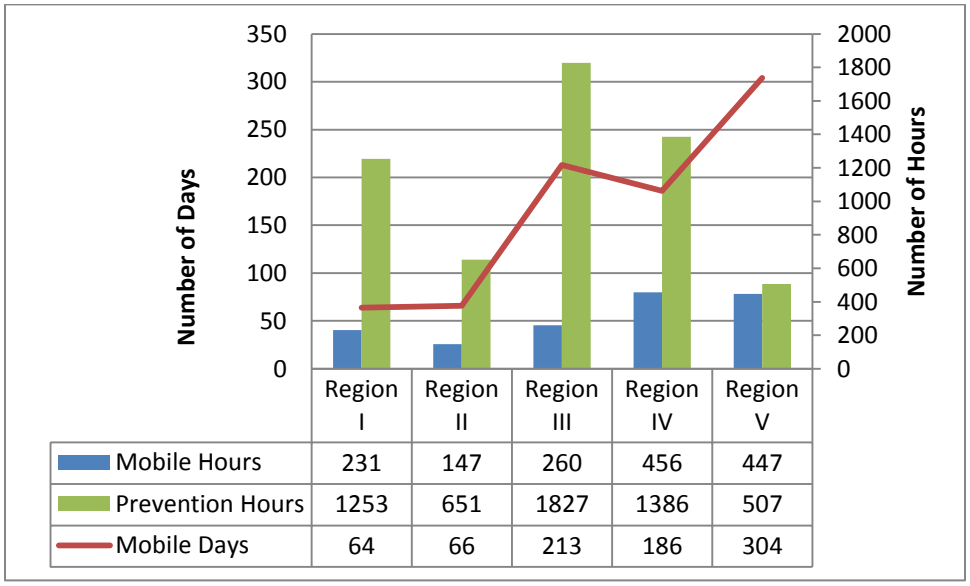
A review of the past year's CTH capacity was completed and will also be available for review on the Department's website under statewide resources and documents at the following link:

http://www.dbhds.virginia.gov/individuals-and-families/developmental-disabilities/crisis-services

Community Mobile Crisis Stabilization

In addition to the CTH, the REACH programs offer mobile, community-based crisis intervention and stabilization plans. Mobile crisis stabilization supports again exceeded the use of the CTH when total number of cases is considered as the metric. Statewide, there were 43 admissions to the CTH for crisis stabilization during QIV of FY 16 compared to 131 for the community mobile support program. Readmission rates to both programs remain extremely low and are not counted in the totals below. The graphs that follow provide information on the utilization of community mobile support services.





Mobile crisis stabilization services typically involve REACH clinicians going to the homes, day program, work site, or recreational site frequented by the individual to work with them on developing and practicing coping skills, and problem solving situations that arise in the settings where they spend their time. Concurrently, they assist care providers in learning to work successfully with the people they serve. This may involve helping them to effectively coach the individual through the use of a coping strategy during periods of distress, enhancing their communication skills, or making modifications to the environment or daily routine. The bottom end of range of days that services are provided is one for all regions. Generally, cases are provided with service for about 3 to 5 days. Data for the present quarter regarding the range in

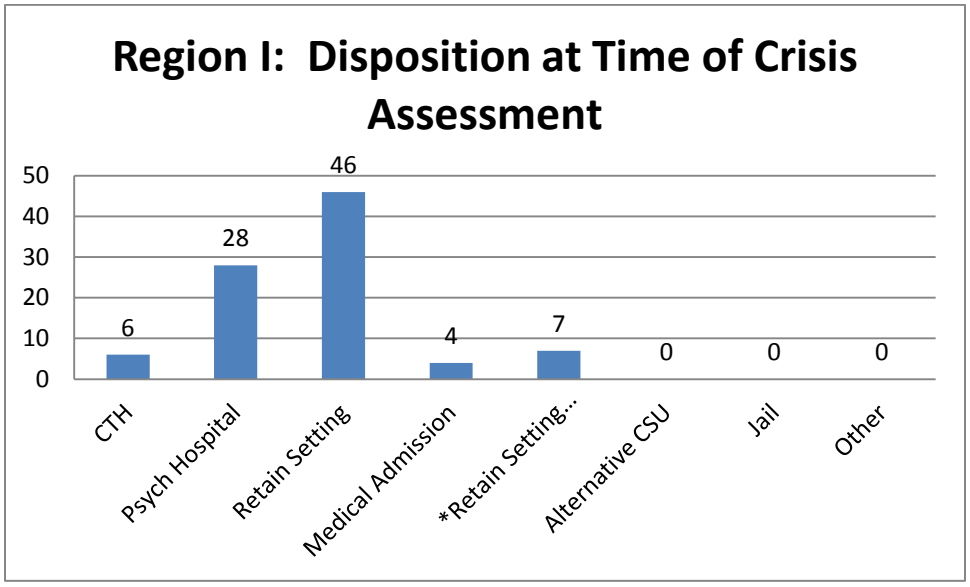
service days as well as the average number of days and hours crisis supports were in place is as follows:

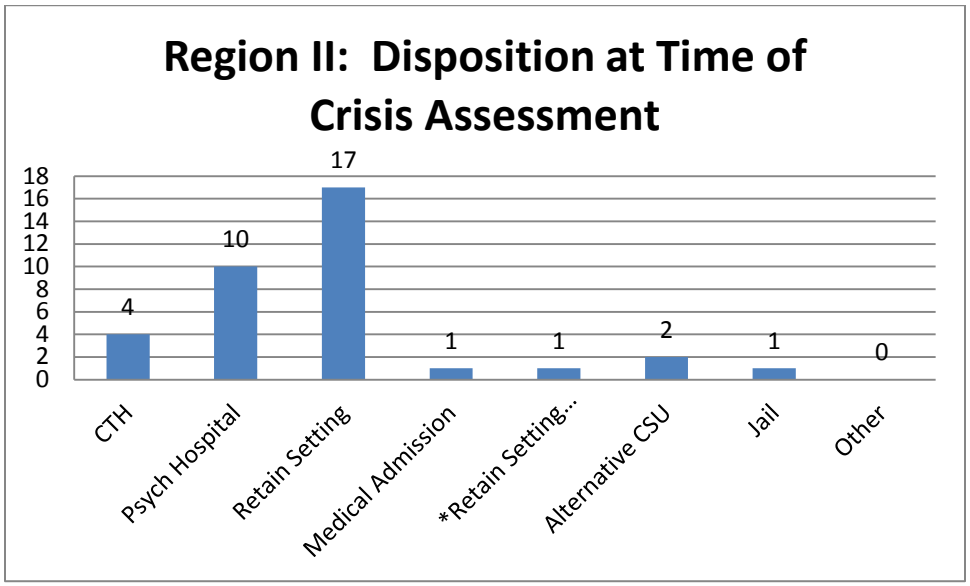
Service Unit	Region I	Region II	Region III	Region IV	Region V
Range of Days	1-9	2-8	3-15	1-24	1-16
Average Days/ Case	3.4	4.4	11.8	4.5	8.0
Average Hours/Day	3.6	2.2	1.2	2.5	1.5
Average Hours/Case	12.2	9.8	14.4	11.1	11.8

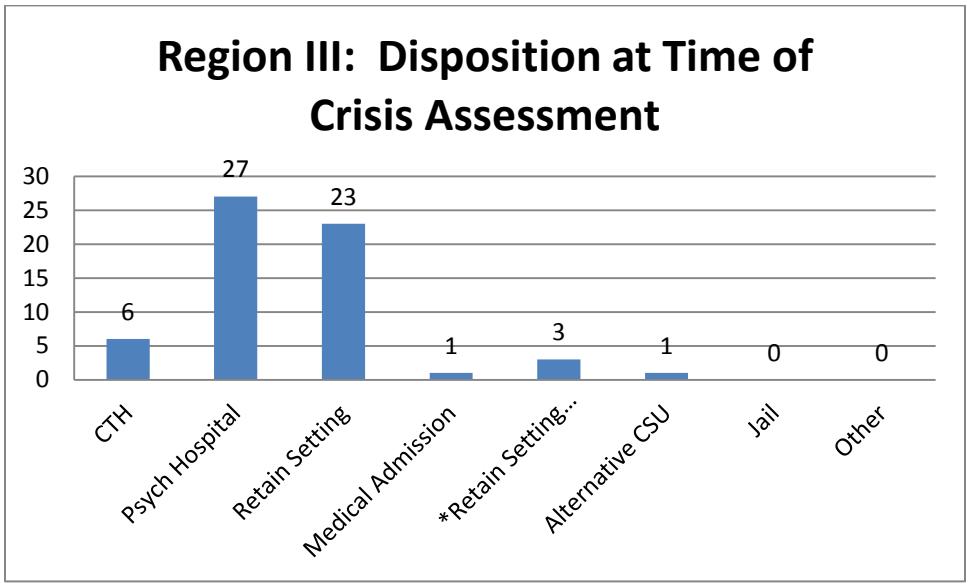
Crisis Service Outcomes/Dispositions

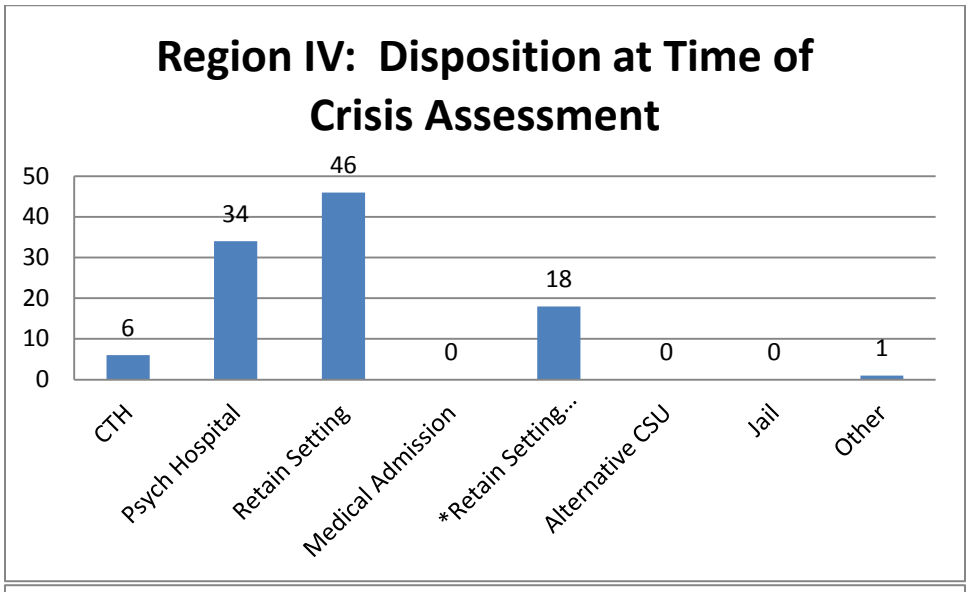
Maintaining residential stability and community integration is one of the primary goals of the REACH programs. Disposition data from three different perspectives are considered in this report. First, what is the outcome when a crisis assessment is needed? Second, what is the outcome when one is admitted to the CTH? Third, what is the outcome when mobile supports are put in place to stabilize the situation and avoid the need for CTH admission, hospitalization, or some other disposition that involves disrupting the person's residential setting?

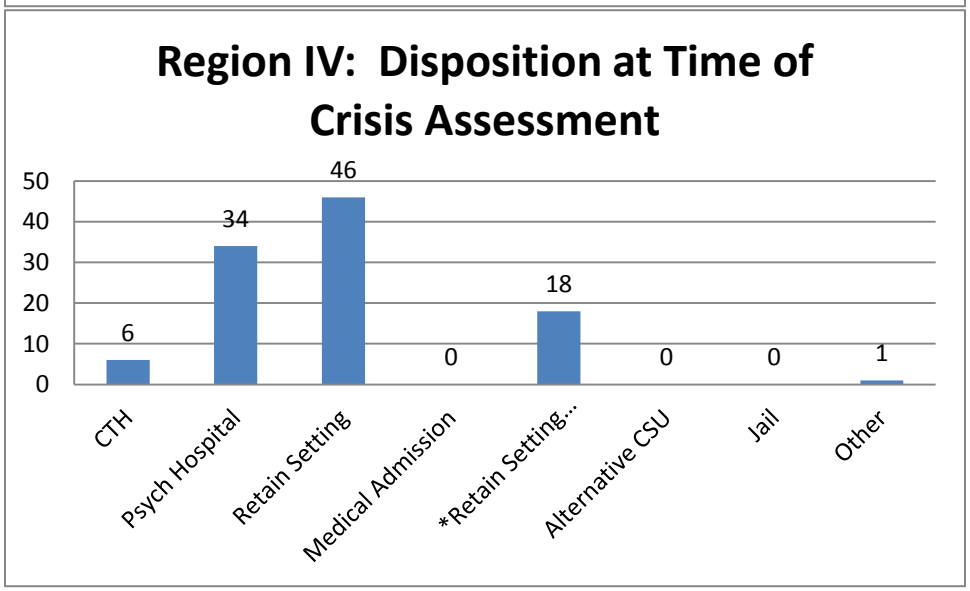
The following graphs provide a summary of outcome data for crisis responses for each of the five regions. In other words, when a call is received by REACH on the crisis line, what is the disposition of the individual at the end of that single event? Based upon reported data of the outcome of mobile crisis responses, it continues to be the case that a substantial majority of situations resolve with the individual remaining in their current residential setting. In the mobile supports graph below *Retain Setting… equates to Retain Setting with REACH mobile supports.

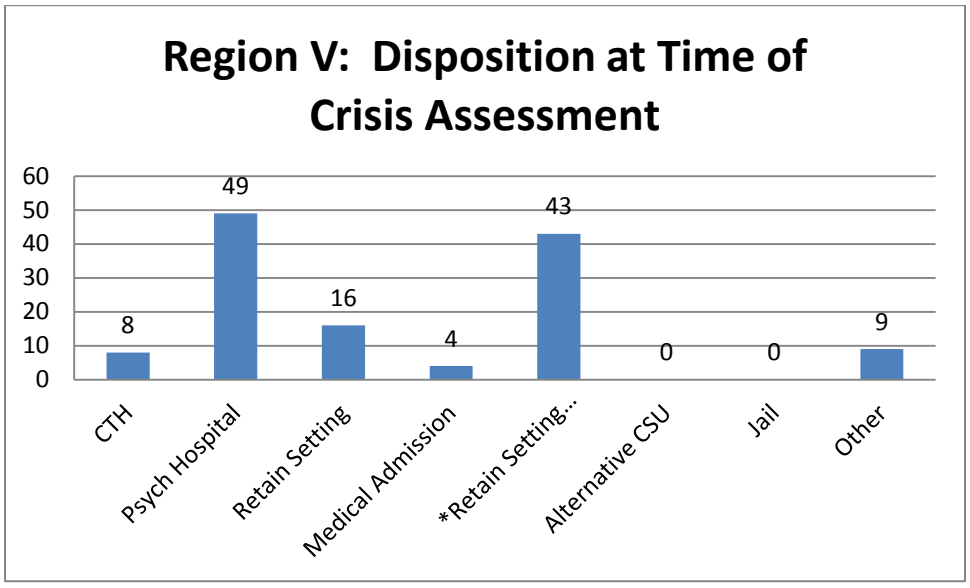



Region II: Disposition at Time of Crisis Assessment
18
16
14
12
10
8
6
4
2
0
4
10
17
1
1
2
1
0
CTH
Psych Hospital
Retain Setting
Medical Admission
*Retain Setting...
Alternative CSU
Jail
Other

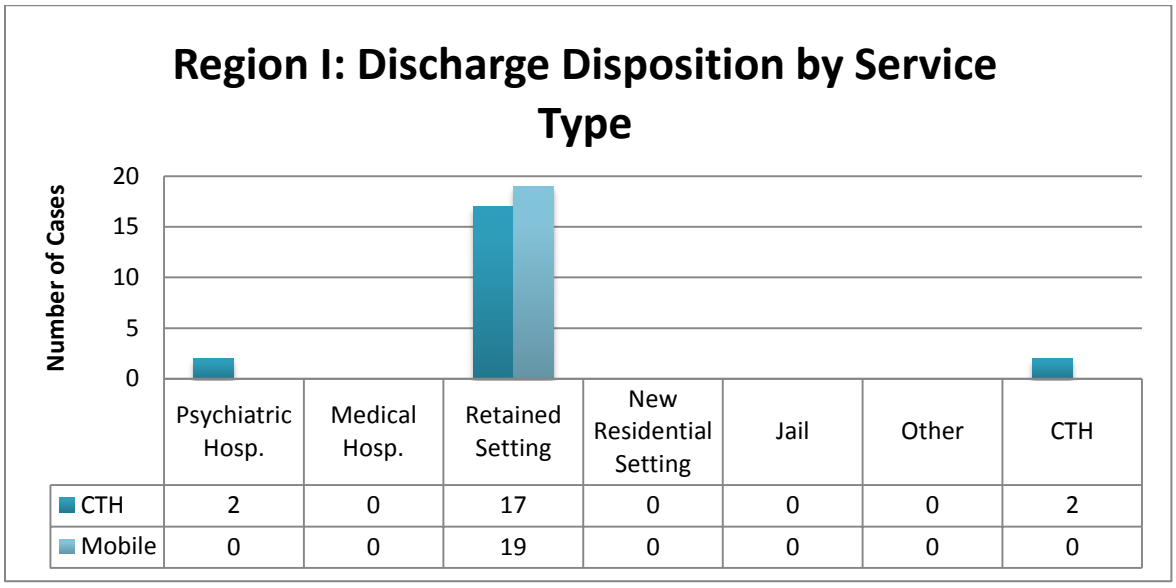

Region III: Disposition at Time of Crisis Assessment
30
25
20
15
10
5
0
6
27
23
1
3
1
0
0
CTH
Psych Hospital
Retain Setting
Medical Admission
*Retain Setting...
Alternative CSU
Jail
Other

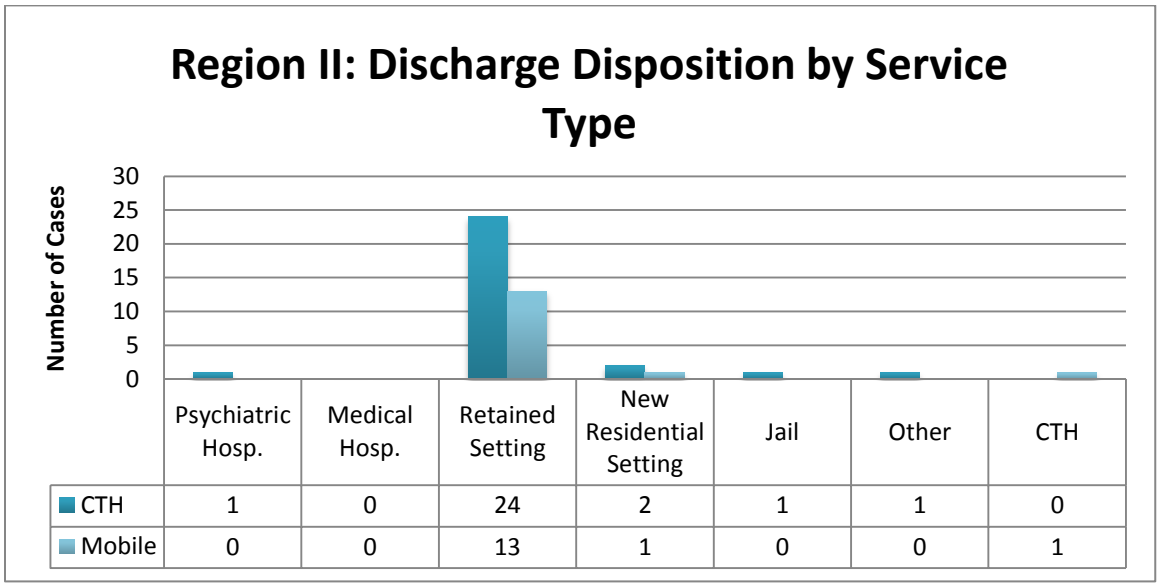

Region IV: Disposition at Time of Crisis Assessment
50
40
30
20
10
0
6
34
46
0
18
0
0
1
CTH
Psych Hospital
Retain Setting
Medical Admission
*Retain Setting...
Alternative CSU
Jail
Other

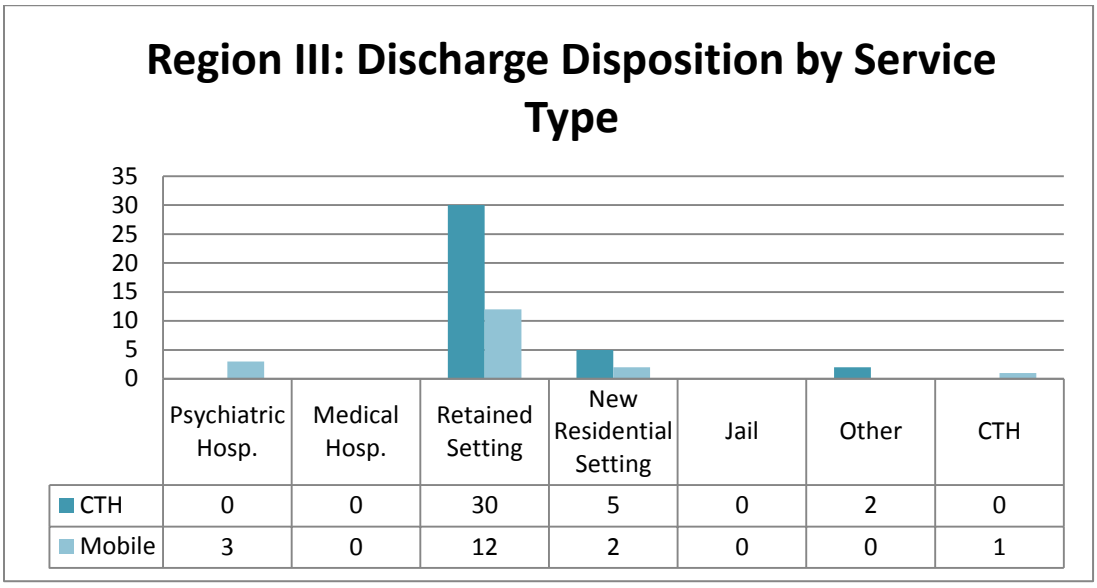

Region IV: Disposition at Time of Crisis Assessment
50
40
30
20
10
0
6
34
46
0
18
0
0
1
CTH
Psych Hospital
Retain Setting
Medical Admission
*Retain Setting...
Alternative CSU
Jail
Other

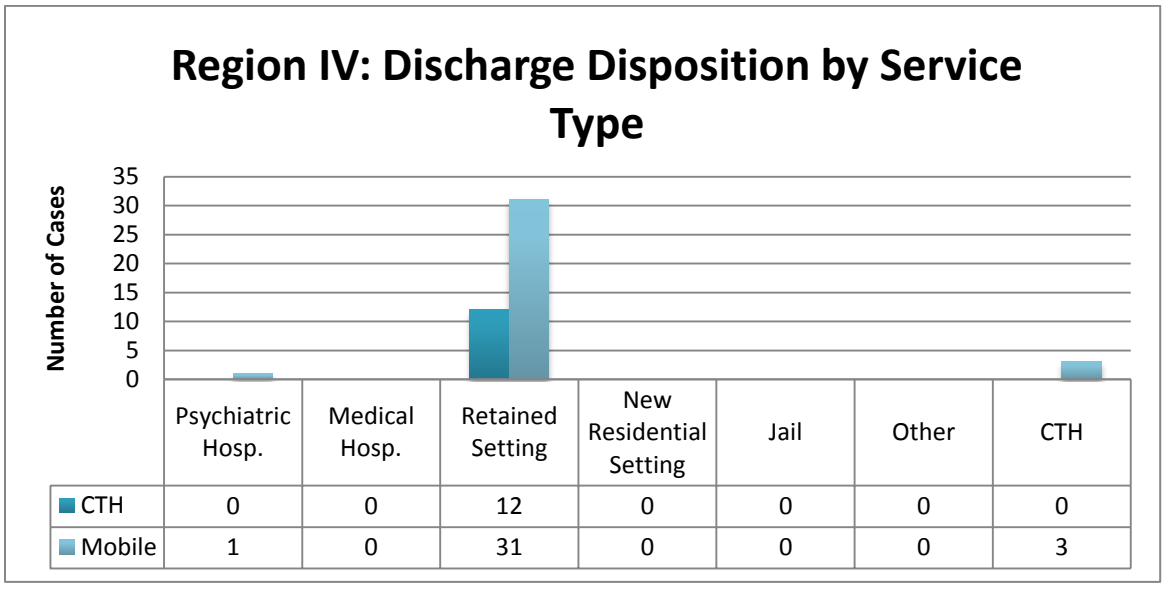


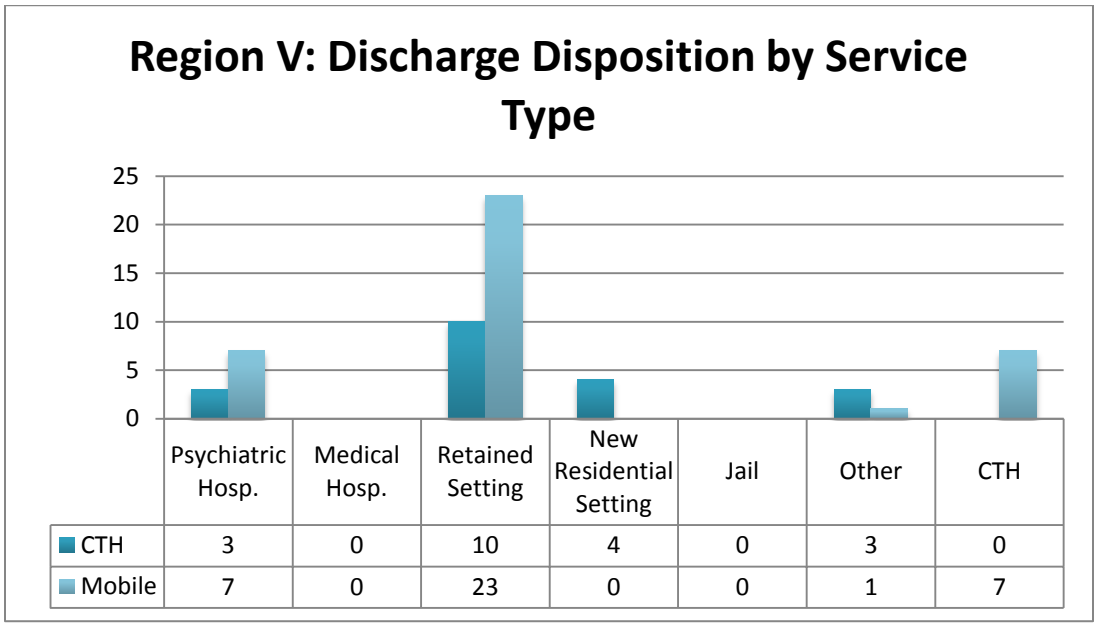
Another important aspect of outcome data is to look at what happens to individuals who receive a particular service from REACH through either the CTH or community mobile support program. The charts on the following pages give information on outcomes for individuals who have received mobile supports or who have had a stay in the CTH. Because there are very few readmissions to these two programs, the cases can be considered almost entirely non-duplicative. For individuals receiving either mobile, community based interventions or interventions within the CTH, the most frequent result is residential stabilization. With intervention from the REACH program, rates of hospitalization have not changed. This data is being reviewed for additional insight and the Commonwealth continues to monitor this area and explore ways to reduce any unnecessary psychiatric hospitalizations.


Region I: Discharge Disposition by Service Type
Number of Cases
20
15
10
5
0
Psychiatric Hosp.
Medical Hosp.
Retained Setting
New Residential Setting
Jail
Other
CTH
CTH 2 0 17 0 0 0 2
Mobile 0 0 19 0 0 0 0


Region II: Discharge Disposition by Service Type
Number of Cases
30
25
20
15
10
5
0
Psychiatric Hosp.
Medical Hosp.
Retained Setting
New Residential Setting
Jail
Other
CTH
CTH 1 0 24 2 1 1 0
Mobile 0 0 13 1 0 0 1


Region III: Discharge Disposition by Service Type
35
30
25
20
15
10
5
0
Psychiatric Hosp.
Medical Hosp.
Retained Setting
New Residential Setting
Jail
Other
CTH
CTH 0 0 30 5 0 2 0
Mobile 3 0 12 2 0 0 1


Region IV: Discharge Disposition by Service Type
Number of Cases
35
30
25
20
15
10
5
0
Psychiatric Hosp.
Medical Hosp.
Retained Setting
New Residential Setting
Jail
Other
CTH
CTH 0 0 12 0 0 0 0
Mobile 1 0 31 0 0 0 3



SERVICE ELEMENTS

Each of the five regional REACH programs provides an array of services to individuals enrolled. These services include prevention and education services, assessment services, and consultation services. The tables below summarize the services provided in each of the three REACH program components.

Service Type: Crisis Stabilization/Stepdown (CTH)					
Service Type Delivered per Case	Region I	Region II	Region III	Region IV	Region V
Comprehensive Evaluation	13	11	12	9	12
Consultation	13	11	12	9	9
Crisis Education Prevention Plan	13	5	12	9	7
Provider Training	13	5	12	9	0

Service Type Provided: Planned Prevention(CTH)					
Service Type Delivered Per Case	Region I	Region II	Region III	Region IV	Region V
Comprehensive Evaluation	0	18	3	14	6
Consultation	8	18	3	14	5
Crisis Education Prevention Plan	8	5	3	14	1
Provider Training	0	5	3	14	0

Service Type Provided: Mobile Crisis Support					
Service Type	Region I	Region II	Region III	Region IV	Region V
Comprehensive Evaluation	19	15	18	41	38
Consultation	19	15	18	41	38
Crisis Education Prevention Plan	19	6	18	41	38
Provider Training	19	6	18	41	38

REACH Training Activities

REACH continues to expand its role as a training resource for the community of support providers, both paid and unpaid, who sustain relationships with DD individuals. The REACH programs continue to train law enforcement officers about the REACH program, and the REACH program leadership will be working to finalize the curriculum for DBHDS' statewide law enforcement training plan.

The table below provides a summary of attendance numbers for various trainings completed by the REACH programs. These trainings target the information needed by professionals in various work settings and are generally tailored to the specific needs of the audience. Region I offered an Autism specific training which was supported by DBHDS in July which was attended by professionals, family members, and others from across the Commonwealth.

Community Training Provided					
Training Activity	Region I	Region II	Region III	Region IV	Region V
CIT/Police: #Trained	39	24	4	73	28
CSB Employees: # Trained	24	99	19	76	20
Emergency Service Workers: #Trained	6	28	19	53	11
Family/ In home/Residential Providers # Trained	0	11	33	0	0
Hospital Staff: # Trained	0	0	10	0	0
Other Community Partners: #Trained	17	12	0	58	46

Summary

This report provides a summary of data for the regional adult REACH programs for the first quarter of fiscal year 2017. Progress continues to be made in fulfilling all of the areas of the Settlement Agreement. Specifically objectives have been both met and sustained in areas of providing a crisis response around the clock; responding within the time frames established by the Settlement Agreement; providing effective clinical services, both in the CTHs and in the mobile supports provided; and focusing on prevention and planning as vital aspects of the crisis response.

In keeping with the DBHDS' vision, all five of the programs are focusing on prevention work and outreach efforts. Once again, the number of prevention hours reported by the programs is much greater than that devoted to crisis stabilization efforts. Readmissions to the CTH and the mobile support program remain low, which may be a reflection of the follow up and prevention that occurs as a part of the REACH programs. Region IV will be moving into their new CTH by the beginning of November with an open house scheduled for October 20, 2016.

The Department's focus on the training of professional staff within each REACH program continues. It is now the expectation that all REACH coordinators receive training to prepare them to become Positive Behavior Support Facilitators. It is anticipated that this will further improve the quality of the services being provided by the REACH programs. Additionally, the programs all met as a group and reviewed all the data elements to assure additional consistency. The data dictionary as well as the data template and data store will be updated in the next two months to provide additional guidance and clarity.

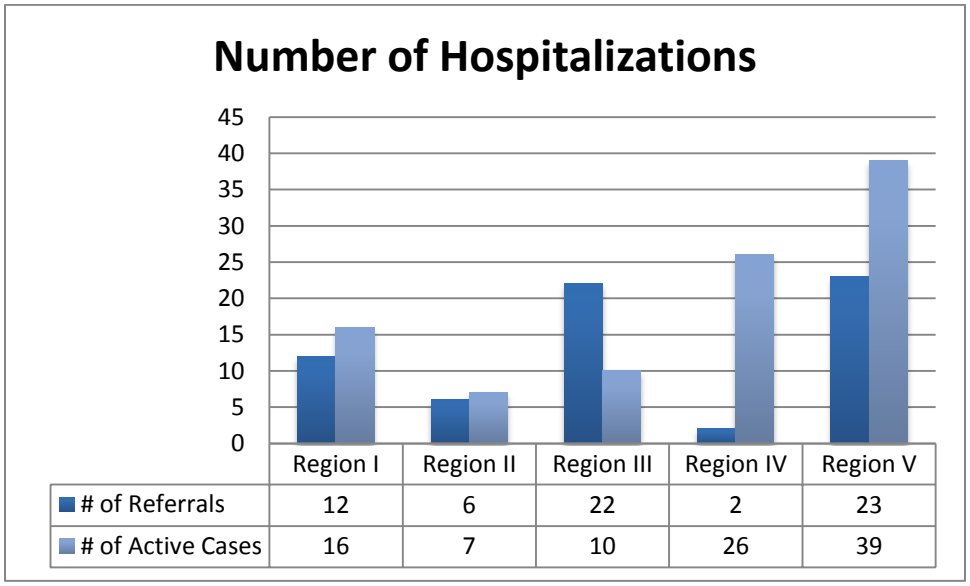
The Department will have the initial meeting on October 31 of an internal data driven review committee which will include professionals from:

- Division of Developmental Services, including facilities and community operations;
- Division of Mental Health & Forensic Services, including facilities and community operations;
- Division of Quality Management and Development, including Data Warehouse and Risk Management, and;
- Representatives of REACH (adult community crisis system)

This review committee will review REACH data as well as data from the hospital retrospective to continue to inform the Department's delivery of crisis services to help guide next steps in the development of community crisis services. Overall, the programs continue to move forward in support of the mission for a full spectrum of crisis, prevention and habilitation services to be offered to Virginians with a developmental disability. Many challenges have already been overcome, and the Department is in a good position to address those that remain.

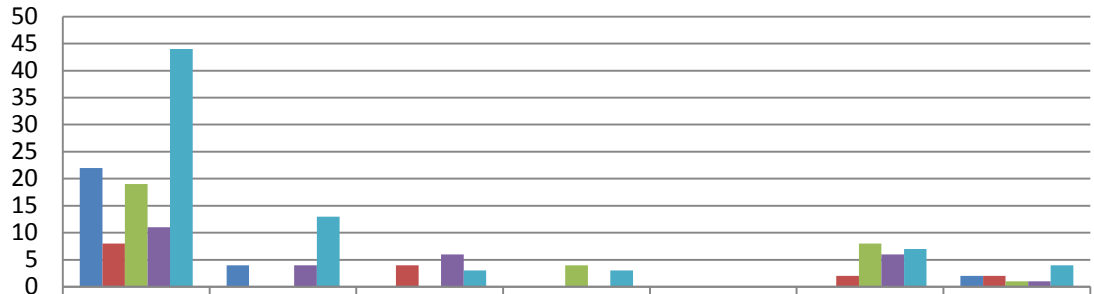
ADDENDUM

The graphs in this addendum are provided to supplement the information contained in the larger quarterly report. While the REACH programs remain actively involved with all hospitalized cases *when they are aware of this disposition*, they may not always be apprised that a REACH client has been hospitalized or that an individual with DD has entered inpatient treatment. While the process of notifying the REACH teams when a prescreening is needed has improved tremendously as a result of new procedures, it remains the case that individuals are sometimes hospitalized without REACH being aware. REACH is active throughout all known psychiatric admissions, including attending commitment hearings, attending treatment team meeting, providing supportive visits, and consultation to the treatment team.



	Region I	Region II	Region III	Region IV	Region V
# of Referrals	12	6	22	2	23
# of Active Cases	16	7	10	26	39

Psychiatric Hospitalizations: Known Dispositions



	Retained Setting	Alter. Residential Setting	CTH	Refused Service/Unknown Outcome	REACH Community Crisis Support	Remained Hospitalized	Other***
Region I	22	4	0	0	0	0	2
Region II*	8	0	4	0	0	2	2
Region III	19	0	0	4	0	8	1
Region IV	11	4	6	0	0	6	1
Region V**	44	13	3	3	0	7	4

*Region II = 3 individuals were hospitalized more than once
**Region V had 4 people hospitalized multiple times for a total of 51 admissions
***Other= Community CSU, Jail

LAW ENFORCEMENT INVOLVEMENT